**APPLICATION FOR PAYMENT OF ADDITIONAL DUTY HOURS**

**FOR DDiT, LAT,**

This form is to be used by JUNIOR MEDICAL STAFF to claim payment for additional duties performed on a LOCUM basis in accordance with NHS circular PCS (DD)2001/15. Sections 1 and 2 should be completed by the applicant. **For the claim to be processed all sections must be completed fully**.

**Section 1: DETAILS OF APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Placement Health Board |  | Hospital/Service |  |
| Surname |  | Forename (s) |  |
| Staff Pay Number |  | Grade |  |
| Department |  | Specialty |  |

**Section 2a : DETAILS OF ABSENCE/VACANCY COVERED**

|  |  |
| --- | --- |
| Reason for absence/vacancy |  |
| Name of absent colleague (Forename (s) and surname) |  |
| Grade of colleague covered |  |
| Hospital Dept/Ward |  |

**Section 2b : DETAILS OF DUTIES PERFORMED**

|  |  |  |  |
| --- | --- | --- | --- |
| \*FROM | \*TO | NO .OF | COVERING SHIFT OR ON-CALL |
| DATE | TIME | DATE | TIME | HOURS |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\**Please use 24 hour clock e.g. 12:00 for mid-day and 24:00 for midnight*

**Section 3 : APPLICANT’S DECLARATION & SIGNATURE**

I hereby declare that I have worked the above hours outside my regular contractual commitment

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Section 4: First Level Authorisation – To be completed by Clinical Director/Lead Clinician/Consultant in Charge**

I hereby certify that the additional duties detailed above were undertaken and were essential for the provision of adequate medical cover

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Print Name |  |
| Designation |  |

**Section 5: Second Level Authorisation – To be completed by Budget Holder**

I hereby authorise payment of the locum rate as detailed below:-

|  |  |  |  |
| --- | --- | --- | --- |
| **PERIOD OF COVER** | **BAND** | **RATE OF****PAYMENT** | **INDICATE HOURS TO BE PAID** **(AT EACH BAND)\*\*** |
| Locum covering hours outsideMonday to Friday, 9am to 5pm,for shift working patterns | LA | SpR  |  |
| StR (higher level) |  |
| StR (lower level) |  |
| FY2 |  |
| FY1 |  |
| Locum covering hours outsideMonday to Friday, 9am to 5pm,for on-call working patterns | LB | SpR  |  |
| StR (higher level) |  |
| StR (lower level) |  |
| FY2 |  |
| FY1 |  |
| Locum covering hours Mondayto Friday, 9am to 5pm, for allworking patterns | LC | SpR  |  |
| StR (higher Level) |  |
| StR (lower Level) |  |
| FY2 |  |
| FY1 |  |
| Locum covering a post for oneweek or more | LL | SpR  |  |
| StR (higher Level) |  |
| StR (lower Level) |  |
| FY2 |  |
| FY1 |  |

It is important to note that a junior doctor providing locum cover is entitled to payment for the grade covered.

If, for example, a Specialist registrar covers for an absent colleague in an FY2 role then the FY2 rate MUST be paid.

**\*\***Please note depending on the shift length the hours may be paid at more than one band described above

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Print Name |  |
| Designation |  |

**SECTION 6 Third Level Authorisation To be completed by Medical Staffing (where required by Placement Board)**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Print Name |  |
| Designation |  |

**Section 7: For Payroll Department Use**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hours Paid | Rate per hour | Value of Payment made | Period Paid | Processed by |
|  |  |  |  |  |
|  |  |  |  |  |